



ZION LAND SUMMER CAMP APPLICATION FOR ENROLLMENT

Enrollment Date _____

NAME OF CHILD	
HOME ADDRESS	
DATE OF BIRTH	

MOTHER:	FATHER:
ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:
CELL PHONE:	CELL PHONE:
RECEIVE TEXTS: YES / NO	RECEIVE TEXTS: YES / NO
EMAIL:	EMAIL:
MOTHER'S WORK INFORMATION	FATHER'S WORK INFORMATION
EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
Phone Number:	Phone Number:

Friendly reminder that TUITION is Due every Monday.

Your registration is not complete until all required registration fees and documents are received by the deadline.

REQUIRED at time of Registration:	REGISTRATION FEE \$50 (Non- Refundable)
CURRENT COVID TEST (3 DAYS)	IMMUNIZATION RECORDS
ALLERGIES/FOOD ALLERGIES	COPY OF PARENTAL COURT ORDERS
COPY OF PARENT/GUARDIAN LICENSE STATE ID /CAMPER PHOTO	

***Summer Camp Handbook Required Signatures**

Per current Federal and State Regulations parents are required to advise staff of concerns with Covid-variances or other infectious diseases. Due to COVID-19 we will have certain precautionary screening measures in place. There will be required screening each day of all campers. Masks are at the discretion of the parent. However, anyone with a fever of 100.4 or above will not be allowed to enter camp or will be sent home from summer camp.

I acknowledge and will assume responsibility of my child(ren) in attending Zion Land Summer Camp. **Parent/Guardian Signature:** _____.

MEDICAL INFORMATION/ EMERGENCY TREATMENT AUTHORIZATION

Child's Name: _____

Age: _____ Date of Birth: _____

Address: _____

Parent's Name: _____

MEDICAL INFORMATION

*Where necessary provide written doctor's medical instructions.

Immunization - Provide a copy of an immunization record, along with a Negative Covid Test taken within 3 days of arrival.

List any ongoing medical conditions that might impact the camper's health and well-being.

Note any significant medical conditions or surgeries- _____

Significant behavioral issues or mental health concerns or diagnoses:

Please advise on signs and symptoms to watch for. _____

Plan of Care used to neutralize- _____

Seizures- _____ Medication _____

Cardiac Health- _____ Medication _____

Asthma- _____ Medication _____

Pediatric asthma action plan- _____

Other Illnesses _____ Medication _____

Please note any limitation to daily activities or field trips:

Physical Activity Limits- _____

Considerations such as avoiding sun exposure or exposure to allergens- _____

*Potential severe reaction to insect stings - _____

If the child wears glasses, contacts, or orthodontic devices- _____

Asthma Treatment Plan, Food Allergy & Emergency Care Plan, Administration of Medication

ALLERGIES/SENSITIVITIES

Children with life threatening allergies should have a special PLAN OF CARE. Severe allergic reactions to animals, insects, foods, beverages, or materials (wheezing, rashes, etc.) should be noted. * **IF THERE ARE NO ALLERGIES, PLEASE STATE “NONE”**

Allergies: _____

Allergies: _____

Medication (Physician’s Orders Required): _____

***Administration of Medication Designee Consent: An additional form requires signature, see the Camp Director.**

Medications - List any ongoing medications **given at home** that might impact the campers health while in our care _____

Child’s Health Care Provider: _____

Telephone #: _____

Insurance Coverage Listed Under (Parents Name)-

Child’s Insurance Provider- _____

Identification #: _____ Group #: _____

I state that the information that provided is correct, and I am the parent/legal guardian for the child listed above. Zion Land Summer Camp is hereby authorized to obtain emergency treatment for my child. I give my consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the minor at a recognized medical facility under the general or special supervision of a licensed physician or surgeon.

Parent Signature: _____ **Date:** _____

Emergency Protocol

The following steps are followed in the event of an emergency:

1. The parent/guardian will be notified immediately. However, if life threatening emergency First Aid (911-Emergency Assistance) will be contacted immediately.
2. The child's health care provider will be contacted
3. An attempt will be made to contact the parent/guardian through all the emergency persons listed on the child's application form
4. If the parent/guardian or child's health care provider cannot be contacted, we will do one or all the following:
 - a. Call for emergency first aid assistance and transportation.
 - b. Contact the next Emergency Contact on your Application.
 - c. Have the child transported to an emergency hospital in the company of a staff member.

I attest to the following:

That the information provided is correct and accurate.

That in the event of a medical emergency, I authorize Zion Land Summer Camp to seek emergency medical care for my child as deemed necessary by the Camp/Health Director.

Parent Signature: _____ **Date:** _____

Zion Land Summer Camp provides quality services to campers of all ages, races, faiths, or incomes. Zion Land Summer Camp pledges that human rights are exercised without discrimination of any kind based on, national origin, race, gender, language, religion, political or other opinion, disability, age, marital and family status, sexual orientation, veteran's status, or gender expression.

Zion Land Summer Camp is committed to providing an inclusive and welcoming environment for members of our staff, clients, volunteers, subcontractors, and vendors.

ZION LAND SUMMER CAMP

800-822 FLORA STREET

ELIZABETH, NEW JERSEY 07201

908-355-0081

Email: Zionlandsummercamp@gmail.com

EMERGENCY CONTACT/PICK UP INFORMATION

(Person must be 18 years and older to pick up camper)

Please list person(s) that will be authorized to pick up your child(ren) or in case of emergency may be contacted if parents are unavailable. Proper Identification are required for your child to be released. If the name is not on the contact list the child will not be released unless the parent has called and provided the center with the name of the person picking up the child.

ALL PERSONS MUST HAVE PHOTO IDENTIFICATION.

<u>CONTACT NAME</u>	<u>Relationship to Camper</u>	<u>Phone Number: Home, Cell, Work</u>

***If the information above changes during the Camp Session, please notify the Director or Admin office immediately.**

PLEASE PROVIDE OFFICIAL COURT DOCUMENTATION (i.e.: Custody Order, Restraining Order or Protection from Abuse Order) OF ANY PERSON(S) UNAUTHORIZED TO VISIT/REMOVE YOUR CHILD FROM ZION LAND SUMMER CAMP. A certified copy of the most recent order and all amendments will be strictly followed and kept on file.

Zion Land Summer Camp or its subsidiaries are not involved with parental or family disputes. It is the signing parent’s responsibility to provide Current, Official Court documentation from the Court and or Family Services.

Parent Signature _____ Date: _____

STAFF:

OFFICIAL COURT DOCUMENTATION HAS BEEN PROVIDED AND ON FILE

1. Review Documents-Dates. (Confidential Files)
2. CONFIRM NAME AND ID BEFORE RELEASE.
3. IF there is an issue or concern contact the Director.
4. IF there is an immediate concern for the Campers well-being, other campers, or the staff that causes alarm or threat contact-
 - A. Contact the Police Department B. Contact the Parent on file
 - C. Contact the Director. D. File an incident report within 12 hours.